



Connecticut's Legislative Commission on Aging  
*A nonpartisan research and public policy office of the Connecticut General Assembly*

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Testimony of

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Human Services Committee

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Senator Slossberg, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Deb Migneault and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment on HB 5052, HB 5051, HB 5136 and SB 104 today.

As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy office of the General Assembly devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

**HB 5052: An Act Implementing the Governor's Budget Recommendations for Human Services Programs**

~ CT's Legislative Commission on Aging Informs

Connecticut's Legislative Commission on Aging applauds this committee, the General Assembly and Governor Malloy in their commitment to "rebalance" the long-term care system and to uphold the US Supreme Court's *Olmstead* decision and Connecticut state law (CGS §17b-337). In short, *Olmstead* and state law require that individuals with long-term care needs have the option to choose and receive long-term services and supports in the least restrictive, appropriate setting. At the same time, we know that individual preference and desire is undeniably to live in one's home and community with services and supports (research substantiates this).

Many of the proposals put forward in the Governor's mid-term budget are consistent with those originated and advanced by the Legislative Commission on Aging. The major mechanism for systems change continues to be the Money Follows the Person (MFP) program and its many facets. MFP is a multi-million-dollar systems change grant and the primary driver for long-term care reform in Connecticut. MFP's most notable

attribute is that it transitions individuals of all ages from nursing homes into their homes and communities. Through this rebalancing incentive grant, Connecticut receives enhanced FMAP money, additional grant money/technical support and yields a lower cost of care for each person (as stipulated in MFP protocol), while the individual gets to realize choice. So far, over 2,000 people in Connecticut have transitioned from nursing homes into the community under MFP.

However, as MFP focuses on transitioning individuals out of nursing home, the waiting lists for the home and community based waivers that aim to divert people from nursing homes continues to grow.

HB 5052 expands the number of slots available in the CT Home Care Program for Disabled Adults pilot program. Currently, the CT Home Care Program for Disabled Adults has an appropriation for 50 slots and there are over 100 people on the waiting list. Adding 50 slots to the program will help to provide much needed services to people at high risk of nursing home placement. 17 people on the waiting list have, in fact, ended up having to move to a nursing home. Failure of the state to provide community based services has resulted in the unnecessary and unwanted institutionalization of 17 people at a substantial cost to the state (the average annual cost for a person on the CT Home Care Program for Disabled is \$16,000 vs. \$72,000 per person for Medicaid beneficiary in a skilled nursing facility). It is morally and fiscally responsible for the state to open up these slots on this program. We are thankful to Governor Malloy for making this a priority in his mid-term budget (though even with the expansion 50+ individuals will remain in wait).

Overall, the Governor's budget proposal represents continued forward motion of Connecticut's rebalancing efforts. CT's Legislative Commission on Aging knows it can count on this committee and hopefully the Legislature and the Governor continue to support these initiatives, as long-term care is a highly complex, multi-faceted system requiring much more work. All reform efforts should strive to ***create parity and allow true consumer choice for people regardless of age, streamline systems and maximize state and federal dollars***

### **HB 5136: An Act Concerning Nursing Home Transparency**

### **HB 5051: An Act Improving Transparency of Nursing Home Operations**

~ CT's Legislative Commission on Aging Supports

HB 5136 and HB 5051 promote greater transparency in nursing facility annual cost reports submitted to the Department of Social Services. These bills would require for-profit nursing homes that receive state funds to include in their annual cost report to the Department of Social Services a profit and loss statement from each related party that receives \$10,000 or more a year from the nursing home for goods and services.

The intent of these bills is to provide greater transparency to the public and state agencies about the actual costs of goods and services of for-profit nursing facilities as well as unrelated payments of nursing home providers.

Connecticut experiences numerous cases of receivership, closures and bankruptcies of nursing homes at any given time. These bills provide the State with access to financial information which will enhance oversight of these entities, especially when nursing homes may be evidencing signs of problems with resource allocation. Connecticut's Legislative Commission on Aging supports greater transparency in financial reporting to adequately monitor the financial investment of the state's Medicaid funds.

**SB 104: An Act Providing Financial Relief to Nursing Homes for Uncompensated Care**

~ CT's Legislative Commission on Aging Supports

Connecticut's Legislative Commission on Aging supports this bill which is intended to provide relief to nursing homes who are experiencing extended periods of non-payment from the state due to prolonged Medicaid eligibility processing delays.

We are very much aware and thankful for Commissioner's Bremby's efforts to resolve the processing delays. In fact, we are most grateful to Commissioner Bremby and his staff for their willingness to continue to work with us in a series of meetings to strategize on ways to help to alleviate the burdens. We remain optimistic for the future. However, there is an immediate need to address consumer access to services and relieve the financial burden the eligibility processing delays have had on the state's long term services and supports providers.

As you are well aware, long-term care Medicaid eligibility applications are taking 6 months to a year or more to process. During that delay, nursing home providers are incurring millions in dollars of costs that are going unpaid by the state and putting providers in a precarious cash flow position.

At the same time, these Medicaid processing delays result in lack of access to much needed community based services for individuals living in the community who are at risk of nursing home placement. We understand that this committee will be looking at ways of helping people access the community based services while they are awaiting financial eligibility determination (presumptive eligibility) and we fully support these efforts. It is important to note that payments being made to providers during the determination process should be applied to both nursing homes and community based providers (if presumptive eligibility moves forward).

***Thank you again for this opportunity to comment. As always, please contact us with any questions. It's our pleasure to serve as an objective, nonpartisan resource to you.***